Claims Processing

How To Access Claims

Use the **Claims Menu** to access CACFP claim functions, view current claim rates, and view payment summaries.

Site Abbreviations:

CC- Child Care

AC- Adult Care

OH- Outside School Hours

AR- At Risk

HS- Head Start

ES- Emergency Shelter/Homeless

To Add An Original Claim

• Select **Claims** on the blue menu bar.

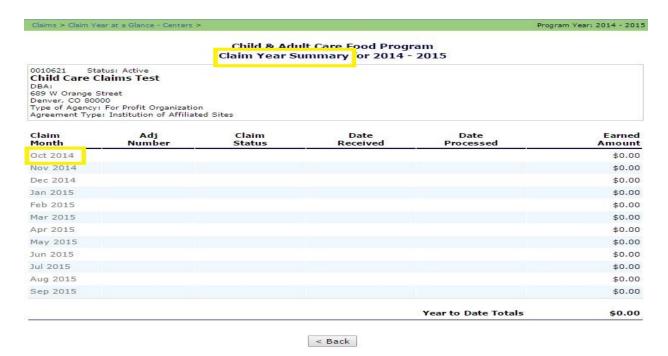


- Select Claim Entry-Centers.
- Family Day Care Homes (FDCH) will select Claim Entry DCH.



Claim Year Summary

- Select Claim Month. Claims may only be submitted after that month has passed.
- Note: Make sure you are in the correct Fiscal Year.



Claim Month Details

• Select **Add Original Claim** to begin the claims process.



CLaim Site List

- Select **Add** to enter the claim information.
- The screen shot below is an example of a Sponsor of Centers listing all of the sites under the Institution. Independent centers will only have one site.



Site Claim Report for the Claim Month and Year



Attendance Reporting:

The following information is for Child Care centers or Adult Day Care centers. Directions for Head Start, At-risk, and Emergency Shelters/Homeless claim information is found in a separate section.

Total Days of Operation

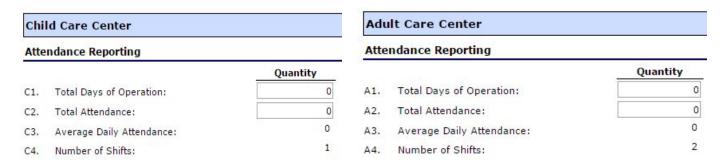
Enter the number of days the center served meals during the claim month.

Total Attendance

- Enter the total number of participants that participated in at least one meal or snack for each day.
- Use the Records of Meals (ROMS) to determine total attendance.

Average Daily Attendance

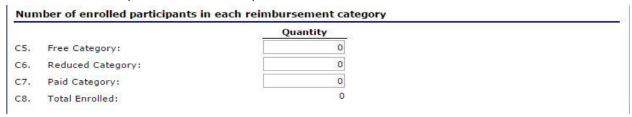
This number is automatically calculated.



Number of enrolled participants in each reimbursement category

For Child Care Centers

- Enter the quantity based on how many children are categorized as free, reduced, or paid according to the completed Income Eligibility Forms (IEFs).
- This information is not required for Head Start, At-risk, or Emergency Shelter/Homeless sites. There are separate sections to input this information for those sites.



For Adult Day Care Centers

• Enter the quantity based on how many participants are categorized as free, reduced, or paid according to the completed Income Eligibility Forms (IEFs).

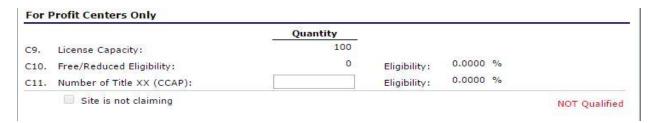
Nun	iber of enrolled participants in	each reimbursement category
		Quantity
A5.	Free Category:	0
A6.	Reduced Category:	0
A7.	Paid Category:	0
A8.	Total Enrolled:	0

For-profit Centers Only

Only For-profit Child Care centers or For-profit Adult Day Care centers will be required to enter for-profit eligibility status.

The screen shot below is an example for Child Care centers.

- Line C10 is automatically calculated from the information entered in the section titled "Number of enrolled participants in each category."
- Enter the number of children eligible for CCAP reimbursement.



The screen shot below is an example for Adult Day Care centers.

- Enter 0 for line A9 (No license is required for ADC.)
- Line A10 is automatically calculated from the information entered under the section "Number of enrolled participants in each reimbursement category."

For Profit Centers Only

		Quantity			
A9. Lic	cense Capacity:	0			
A10. Fr	ee/Reduced Eligibility:	0	Eligibility:	0.0000 %	
A11. Tit	tle XIX/Title XX:		Eligibility:	0.0000 %	

Meals and Snacks Served

For Child Care centers

• Input the following information based on the total calculations from the Records of Meals served for the claim month.

	Free (A)	Reduced (B)	Paid (C)	Total (A + B + C)
C12. Breakfast:	0	0	0	0
C13. AM Snack:	0	0	0	0
C14. Lunch:	0	0	0	0
C15. PM Snack:	0	0	0	0
C16. Supper:	0	0	0	0
17. Late Snack:	0	0	0	0

For Adult Day Care centers

• Input the following information based on the total calculations from the Records of Meals served for the claim month.

Adult Meals / Snacks Served

		Free (A)	Reduced (B)	Paid (C)	Total (A + B + C)
A9.	Breakfast:	0	0	0	0
A10.	AM Snack:	0	0	0	o
A11.	Lunch:	0	o	0	0
A12.	PM Snack:	0	o	0	0
A13.	Supper:	0	0	0	0
A14.	Late Snack:	0	0	0	0

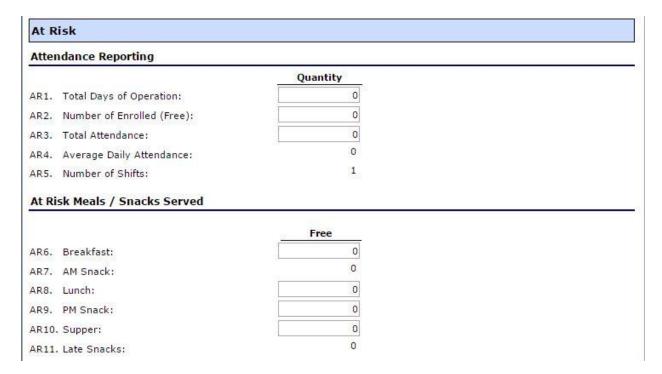
Select **Save** when all the information is entered.



For At-risk sites

This section will be visible if the site is approved as At-risk.

- At-risk meals are only claimed during the school year or non-school days, such as weekends, holidays, or school vacations during the regular school year.
- An at-risk afterschool center may not claim meals or snacks during the summer, unless it is located in the attendance area of a school operating on a year-round calendar.
- Please contact CACFP for clarification.



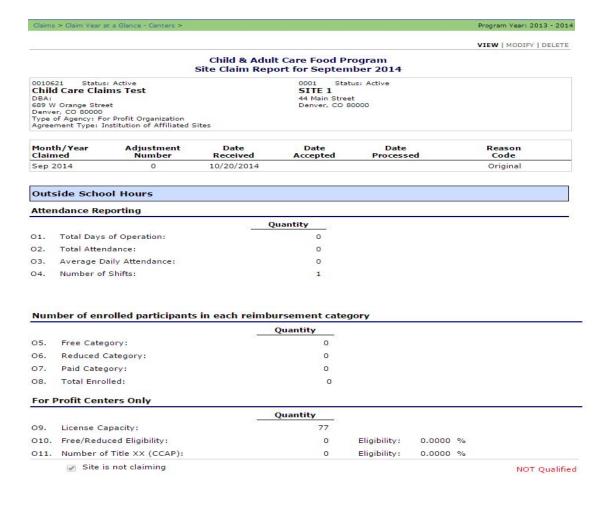
Head Start

If the site is a Head Start site, or if Head Start children are mixed in with Child Care center children, the Head Start children need to be totaled and input separately into the information fields below.

Hea	d Start		
Atte	ndance Reporting		
		Quantity	
H1.	Total Days of Operation:	0	
H2.	Total Attendance:	0	
нз.	Average Daily Attendance:	0	
H4.	Number of Shifts:	1	
Head	d Start Meals / Snacks Served		
		Free	
H5.	Breakfast:	0	
H6.	AM Snack:	0	
H7.	Lunch:	0	
Н8.	PM Snack:	0	
Н9.	Supper:	0	
H10.	Late Snack:	0	
	gency Shelter/Homeless		
Atte	ndance Reporting	A	
E1.	Total Days of Operation:	Quantity	
E2.	Total Attendance:	0	
E3.	Average Daily Attendance:	0	
E4.	Number of Shifts:	1	
Eme	rgency Shelter Meals / Snacks S	erved	
		Free	
E5.	Breakfast:	0	
E6.	AM Snack:	0	
E7.	Lunch:	0	
E8.	PM Snack:	0	
E9.	Supper:	0	
E10.	Late Snack:	0	

Outside School Hours

If the site is participating as an Outside School Hours, enter the information from the Record of Meals here.



	Free (A)	Reduced (B)	Paid (C)	Total (A + B + C)
O12. Breakfast:	О	0	0	0
O13. AM Snack:	0	0	0	0
O14. Lunch:	0	0	0	0
O15. PM Snack:	0	0	0	0
O16. Supper:	0	0	0	0
O17. Late Snack:	0	0	0	0

Submitting the Claim

- Select Continue after all claim information has been entered for all site(s).
- The **Modify** button is available for any changes.
- The Validated status indicates that the claim has no errors and to continue with submitting the claim.

Child & Adult Care Food Program Claim Site List for November 2013



Month/Year	Adjustment	Date	Date	Date	Reason
Claimed	Number	Received	Accepted	Processed	Code
Nov 2013	0				

Actions	Site #	Site Name	Туре	Errors	Status
View Modify	0001	Site 1	OS		Validated
View Modify	0002	Site 2	CC AR		Validated
View Modify	0003	Site 3	CC HS		Validated

DELETE

- Read the **Certification statement**.
- **Check** the box certifying you read the Certification Statement.
- Select **Submit For Payment**.

Note: Only individuals with a valid CACFP User ID are allowed to submit a claim. Please read the certification statement carefully. Using another individual's User ID to submit a claim is not allowed. Contact the CACFP office to request a User ID and Computer User Authorization Form.

Certification



🔲 I certify that the information on this voucher is true and correct to the best of my knowledge; that records are available to support this claim; and that it is in accordance with the terms of existing agreement and payment has not been received. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.



Claim Year Summary

The **Claim Year Summary** summarizes information regarding the claim for each claim month in the designated year.

Adj Number

• Identifies the number of revisions associated with the claim. Each revision must be re-processed by the state.

Claim Status

• Identifies the current status of the claim. If the claim is submitted without any errors, the **Accepted** status will be visible under the column **Claim Status**.

Date Received

- Identifies the date the system initially received the claim submission.
- **Note:** Only the state has the authority to modify this date.

Date Processed

• Identifies the date the claim was included in the payment batch process.

Earned Amount

• Identifies the current value of the claim.

Earned Amount	Date Processed	Date Received	Claim Status	Adj Number	Claim Month
\$0.00	T.			<u> </u>	Oct 2013
\$0.00					Nov 2013
\$0.00					Dec 2013
\$0.00					Jan 2014
\$0.00					Feb 2014
\$0.00					Mar 2014
\$0.00					Apr 2014
\$0.00					May 2014
\$0.00					Jun 2014
\$0.00					Jul 2014
\$1,318.24	10/30/2014	10/30/2014	Processed	0	Aug 2014
\$0.00					Sep 2014

Year to Date Totals \$1,318.24

To Modify An Un-Processed Claim

If the claim has not been processed and is still in **Accepted** status, select **Modify** to make revisions to the claim.

• Update the claim information and select **Save**.



- The status now shows Validated.
- Select Continue.



- Review the claim information.
- To make a modification or correction, select the <Back button to return to the Claim for Reimbursement screen.

- To submit the claim, check the **Certification** box.
- Select **Submit for Payment.**

Certification



I certify that the information on this voucher is true and correct to the best of my knowledge; that records are available to support this claim; and that it is in accordance with the terms of existing agreement and payment has not been received. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.



To Revise A Processed Claim

- Claim revisions that result in a downward adjustment may be submitted at any time.
- Claim revisions that result in an upward adjustment may be submitted if the date of submission is within 30 days of the last day of the original claim month.
- Revised claims must be re-processed by the state regardless of their original status.
- Select Add Revision.

Child & Adult Care Food Program Claim Month Details for April 2014

0010626 Status: Active

Adult Claims Test FP

DBA:
678 w 3rd Ave
Denver, CO 80000

Type of Agency: For Profit Organization
Agreement Type: Institution of Affiliated Sites

Claim Month: April 2014

Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
View Summary	0	07/23/2014	07/23/2014	07/25/2014	\$1,320.89	Processed
				Total Earned	\$1,320.89	



- If the Institution is performing site-level claiming, the **Claim Site List** screen displays.
- Locate the site name to revise and select **Revise**. The **Claim for Reimbursement** screen displays.

Actions	Site #	Site Name			Type	Errors	Status
View Revise	0001	Site 1			AC		Paid
View Revise	0002	Site 2			AC		Paid
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- Make any necessary changes to the claim.
- Select **Save**. The **Claim Month Details** screen displays.
- Review the information.
- To make a modification or correction to the claim, select the **<Back button** to return to the **Claim for Reimbursement** screen.
- To submit the revised claim, check the **Certification** box.
- Select the **Submit for Payment** button.